MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
09910950	
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1								51						
2								52						
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46								96						
47								97						
48								98						
49								99						
50	1							100						
TOTAL IND.	3							TOTAL IND.						
TOTAL DEP.	84							TOTAL DEP.						
TOTAL CLAIMS	87							TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMDENDMENTS

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FORM PTO-1360 (REV. 3-78)

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